

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 7/2005)

See Instructions and *Privacy
Statement On Reverse Side

Page _____ of _____ Pages

CLAIMANT'S NAME John Robson			SSN or EMPLOYEE NUMBER* [REDACTED]			DEPARTMENT		
POSITION VP Operations		CB/ID No.	DIVISION or BUREAU CIRM				INDEX NUMBER	
RESIDENCE ADDRESS *			HEADQUARTERS ADDRESS 210 King Street				TELEPHONE NUMBER (415) 396-9255	
CITY [REDACTED]		STATE [REDACTED]	ZIP CODE [REDACTED]		CITY San Francisco		STATE CA	ZIP CODE 94107

(1) MONTH/YEAR		(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) TRANSPORTATION				(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY	
(2) DATE	TIME			BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
											MILES			AMOUNT
1/11	8:00 17:00	San Francisco, CA					52.50	B					52.50	
2/1	15:22 16:04	Livermore and Oakland							6.00			26.68	32.68	
													0.00	
													0.00	
													0.00	
													0.00	
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													0.00	
													0.00	
(10) SUBTOTALS			0.00	0.00	0.00	0.00	0.00	52.50		6.00	0	0.00	85.18	
COLUMN CODE (ACCTG. USE ONLY)														

CLAIM TOTAL

85.18

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

Reimbursement for John Robson for:

1) MUNI Reimbursement for Monthly Pass for February 2011

2) Site Visit to CIRM Facility in UC Merced (Gas and Toll reimbursement for rental car)

(12) NORMAL WORK HOURS

(13) PRIVATE VEHICLE LICENSE NUMBER

(14) MILEAGE RATE CLAIMED

AGENCY ACCOUNTING OFFICE
USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE
[REDACTED]DATE
2/2/11(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT
[REDACTED]DATE
2/2/11

(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)

2000-29202-50212

DATE

KES
2/2/11